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RCE/3729
HDP/SB/21 based on PTO/88/21 (08-00)

**TRANSMITTAL
FORM**

to be used for all correspondence after initial filing)

Applicati n Number	09/913,311
Filing Date	August 10, 2001
First Named Invent r	Mohammad MEHDIANPOUR
Group Art Unit	3729
Examiner Name	Tai V. Nguyen
Attorney Docket Number	32860-000234/US

Total Number of Pages in This Submission

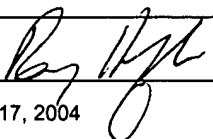
ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
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<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
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<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
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<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Request for Continued Examination |
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- Remarks
- The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

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MAY 20 2004

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Ray Heflin	Reg. No. TECHNOLOGY CENTER R3700 41,060
Signature			
Date	May 17, 2004		

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